PAGE 1 OF 8 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE C C00075820			
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y		
Full Name of Payee DMM MEDIA INC	Date of Public Distribution/Dissemination		
Mailing Address 1911 N FORT MYER DR	09 26 2014 Amount		
STE 400			
City State Zip Code ARLINGTON VA 22209	22552.24 Transaction ID : SE24-0.042524 Date of Disbursement or Obligation		
Purpose of Expenditure MEDIA Category/ Type	09 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate Support Office	Sought: X House District: 52		
SCOTT PETERS Oppose	President Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought Disbu 2014	rsement For: Primary X General Other (specify) ▶		
Full Name of Payee	Date of Public Distribution/Dissemination		
NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC	09 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 815 SLATERS LANE	Amount		
City State Zip Code	570930.91		
ALEXANDRIA VA 22314	Transaction ID : SE24-0.042492 Date of Disbursement or Obligation		
Purpose of Expenditure MEDIA Category/ Type	09 / D D / Y Y Y Y Y 2014		
Name of Federal Candidate Support Office	Sought: X House District: 26		
JOE GARCIA Oppose	President Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Primary X General Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A. Davis [Electronically Filed] Date 0	9 26 2014		
Signature			

chedule E) PAGE 2 OF 8 FOR SE OF FORM 24/48			
AME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL	FEC IDENTIFICATION NUMBER ▼		
C C00075820			
check if 24-hour report X 48-hour report New	report Amends repor	t filed on Man / Dad / Yayayay	
Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING &	PLACEMENT LLC	Date of Public Distribution/Dissemination M M O O O O O O O O O O O O O O O O O	
Mailing Address 815 SLATERS LANE		Amount	
City State	Zip Code	294000.00	
ALEXANDRIA VA	22314	Transaction ID: SE24-0.042523 Date of Disbursement or Obligation	
Purpose of Expenditure MEDIA	Category/ Type	09 / 25 / Y 2014	
Name of Federal Candidate	Support	Office Sought: X House District: 26	
JOE GARCIA	Oppose	President Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought	917650.91	Disbursement For: Primary General 2014 Gher (specify) ▶	
Full Name of Payee SOMETHING ELSE STRATEGIES Date of Public Distribution/Dissemination			
Mailing Address 212 GOLDEN WILLOW CT			
		Amount	
City State	Zip Code	50220.00	
EASLEY SC	29642	Transaction ID : SE24-0.042530 Date of Disbursement or Obligation	
Purpose of Expenditure MEDIA	Category/ Type	09 / 26 / Y Y Y Y	
Name of Federal Candidate	Support	Office Sought: House District: 26	
JOE GARCIA	X Oppose	President Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought	917650.91	Disbursement For:	
(a) SUBTOTAL of Itemized Independent Expenditures			
(4) 552 16112 5			
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures		·	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A. Davis [Electronic Signature]	tronically Filed] Date	09 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)		FOR SE OF FORM 24/48
AME OF COMMITTEE (In Full)		
NATIONAL REPÙBLÍCAN CONGRESSIONAL COMMITTEE		
		C C00075820
theck if 24-hour report X 48-hour report New	w report Amends report filed	d on M=M / D=D / Y=Y=Y
Full Name of Payee		Date of Public Distribution/Dissemination
FP1 STRATEGIES LLC		09 25 2014
Mailing Address PO BOX 16504		09 25 2014
1 0 25% 1888 ·		Amount
City State	Zip Code	23990.00
ALEXANDRIA VA	22302	Transaction ID : SE24-0.042529
Purpose of Expenditure		Date of Disbursement or Obligation
MEDIA	Category/ Type	09 26 / 2014
Name of Federal Candidate	Support Offic	e Sought: X House District: 12
JOHN BARROW	X Oppose	President Senate State: GA
Calendar Year-To-Date	Disb	oursement For: Primary X General
Per Election for Office Sought	1098733.12	Other (specify)
Full Name of Payee	'	Date of Public Distribution/Dissemination
NATIONAL MEDIA RESEARCH PLANNING	& PLACEMENT LLC	M M / D D / Y Y Y Y
Mailing Address 815 SLATERS LANE		
OTO SEATINE EARLY		Amount
City State	Zip Code	122098.37
ALEXANDRIA VA	22314	Transaction ID : SE24-0.042496 Date of Disbursement or Obligation
Purpose of Expenditure	Category/	M M / D D / Y Y Y Y
MEDIA	Type	09 24 2014
Name of Federal Candidate	Support Office	ce Sought: X House District:01
JERRY CANNON	∑ Oppose □	President Senate State: MI
Colonday Vooy To Date		pursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought	304722.42	Other (specify)
	,	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures		146088.37
(a) SUBTOTAL OF REITIZED TRUE PERIOD REITIZED		
(b) SUBTOTAL of Unitemized Independent Expenditures		
	•	7 7 7
(c) TOTAL Independent Expenditures		
	,	1 1 4 1 4 1 4
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Keith A. Davis	ectronically Filed]	09 26 2014
Signature	Date Date	2014

chedule E) PAGE 4 OF 8 FOR SE OF FORM 24/48			
AME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE FEC IDENTIFICATION NUMBER VIOLENTIFICATION NUMBE			
NATIONAL KEI OBLICAN CONORLOSIONAL COMMITTEL	C C00075820		
Check if 24-hour report X 48-hour report New report Amends report filed	I on Man / Dad / Yayayay		
Full Name of Payee_	Date of Public Distribution/Dissemination		
ONMESSAGE INC	09 25 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 705 MELVIN DR	Amount		
STE 105 City State Zip Code	19788.00		
ANNAPOLIS MD 21401	Transaction ID : SE24-0.042531 Date of Disbursement or Obligation		
Purpose of Expenditure MEDIA Category/ Type	Date of Disbursement of Obligation M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate Support Office	e Sought: X House District: 01		
JERRY CANNON Oppose	President Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary General Other (specify) ▶		
Full Name of Payee	Date of Public Distribution/Dissemination		
FP1 STRATEGIES LLC	09 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address PO BOX 16504	Amount		
City State Zip Code	29060.00		
ALEXANDRIA VA 22302	Transaction ID : SE24-0.042528 Date of Disbursement or Obligation		
Purpose of Expenditure MEDIA Category/ Type	09 / 26 / Y Y Y Y Y		
Name of Federal Candidate Support Office	e Sought: X House District: 02		
BRAD ASHFORD Oppose	President Senate State: NE		
Calendar Year-To-Date Per Election for Office Sought Disbute 2014	ursement For:		
(a) SURTOTAL of Itemized Independent Expenditures	48848.00		
(a) SUBTOTAL of Itemized Independent Expenditures			
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
	09 26 2014		
-9			

PAGE 5 OF 8 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE C C00075820			
Check if 24-hour report X 48-hour report New report	Amends report filed on	/ D D / Y Y Y Y Y	
Full Name of Payee GS STRATEGY GROUP	Date of P	ublic Distribution/Dissemination	
Mailing Address 350 N 9TH ST SUITE 550	Amount	25 2014	
City State Zip Co BOISE ID 83702	Transacti	21215.00 on ID : SE24-0.042527 isbursement or Obligation	
Purpose of Expenditure SURVEY RESEARCH Categ			
Name of Federal Candidate	Support Office Sought:	House District: 02	
BRAD ASHFORD	Oppose President	Senate State: NE	
Calendar Year-To-Date Per Election for Office Sought 172186.6	Disbursement For 2014 Other	or: Primary X General (specify) ▶	
Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC Date of Public Distribution/Disseminal 09 / 26 / 2014			
Mailing Address 815 SLATERS LANE	Amount		
City State Zip Co	ode	121911.68	
ALEXANDRIA VA 22314		on ID : SE24-0.042495 Disbursement or Obligation	
Purpose of Expenditure MEDIA Categ	Jory/ Type 09	24 / 2014	
Name of Federal Candidate	Support Office Sought:	House District: 02	
BRAD ASHFORD	Oppose President	Senate State: NE	
Calendar Year-To-Date Per Election for Office Sought 1721	86.68 Disbursement For 2014 Other	or:	
(a) SUBTOTAL of Itemized Independent Expenditures			
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures	······	7 1 7 1 7	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A. Davis [Electronically Figure 1]	7 77	26 / 2014	

PAGE 6 OF 8 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE C C00075820			
Check if 24-hour report X 48-hou	r report New repo	ort Amends repo	rt filed on
Full Name of Payee DMM MEDIA INC			Date of Public Distribution/Dissemination 09 25 2014
Mailing Address 1911 N FORT MYER STE 400	OR .		Amount
	01-1-	7:- 0-1-	00445.00
City ARLINGTON	State VA	Zip Code 22209	22115.00 Transaction ID : SE24-0.042525 Date of Disbursement or Obligation
Purpose of Expenditure MEDIA		Category/ Type	09 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: X House District: 24
DANIEL B MAFFEI		X Oppose	President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought Full Name of Payee DMM MEDIA INC Mailing Address 1911 N FORT MYER DR			Disbursement For: Primary General 2014 General Other (specify) ▶
			Date of Public Distribution/Dissemination
			09 25 2014
STE 400			Amount
City ARLINGTON	State VA	Zip Code 22209	23301.76 Transaction ID : SE24-0.042526
Purpose of Expenditure		Category/	Date of Disbursement or Obligation
MEDIA Name of Federal Candidate		Type	09 26 2014
JOHN M KATKO		Support Oppose	Office Sought: House District: 24 President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		609539.90	Disbursement For: Primary ☐ General 2014 Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures			
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A. Davis Signature	[Electron	ically Filed] Date	09

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	neddie E)	FOR SE OF FORM 24/48	
AV	ME OF COMMITTEE (In Full) ATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	FEC IDENTIFICATION NUMBER ▼	
IN	ATIONAL REPUBLICAN CONGRESSIONAL COMMINITTEE	C C00075820	
Che	eck if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y Y	
Т	Full Name of Payee	Date of Public Distribution/Dissemination	
	NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC	09 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	Mailing Address 815 SLATERS LANE	Amount	
ı	City State Zip Code	92194.19	
	ALEXANDRIA VA 22314	Transaction ID : SE24-0.042533 Date of Disbursement or Obligation	
	Purpose of Expenditure MEDIA Category/ Type	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
ı	Name of Federal Candidate Support Office	e Sought: X House District: 24	
	DANIEL B MAFFEI Oppose	President Senate State: NY	
	Odicitadi Todi To Bato	ursement For: Primary X General	
	Per Election for Office Sought 609539.90 2014	Other (specify) ▶	
Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC			
		09 26 2014	
	Mailing Address 815 SLATERS LANE	Amount	
ı	City State Zip Code	92194.19	
	ALEXANDRIA VA 22314	Transaction ID : SE24-0.042534 Date of Disbursement or Obligation	
	Purpose of Expenditure MEDIA Category/ Type	09 / 24 / 2014	
	Name of Federal Candidate Support Office	e Sought:	
	IOUNIA MATERIA	President Senate State: NY	
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶	
	(a) SUBTOTAL of Itemized Independent Expenditures	184388.38	
(b) SUBTOTAL of Unitemized Independent Expenditures			
((c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
	[F1 - 4	9 26 2014	
	Signature Date	9 26 2014	

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OF

PAGE 8 OF 8 FOR SE OF FORM 24/48			
AME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE FEC IDENTIFICATION NUMBER ▼			
Check if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y		
Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC	Date of Public Distribution/Dissemination M		
Mailing Address 815 SLATERS LANE	Amount		
City State Zip Code	177375.06		
ALEXANDRIA VA 22314	Transaction ID : SE24-0.042494 Date of Disbursement or Obligation		
Purpose of Expenditure MEDIA Category/ Type	09 / 24 / Y 2014		
Name of Federal Candidate Support Office	Sought: X House District: 23		
PETE GALLEGO Oppose	President Senate State: TX		
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Primary		
Full Name of Payee	Date of Public Distribution/Dissemination		
Mailing Address	Amount		
City State Zip Code			
Purpose of Expenditure Category/ Type	Date of Disbursement or Obligation		
Name of Federal Candidate Support Office Oppose	President Senate State:		
Calendar Year-To-Date Per Election for Office Sought Disbu	orsement For:		
(a) SUBTOTAL of Itemized Independent Expenditures	177375.06		
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures	1682946.40		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A. Davis [Electronically Filed] Date Signature			